

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000402

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

35

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF J.P. Mahrey, M.D.

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in 1b <u>12 yrs.</u>	c. CITY OR TOWN <u>St. Joseph</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>521 N. 19th St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>521 N. 19th St.</u>
3. NAME OF DECEASED (Type or print) First <u>Elmer Eli</u> Middle <u>Oppenlander</u> Last <u>Oppenlander</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>14</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 12, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocery</u>	9. AGE (last birthday) <u>67</u>
13a. FATHER'S NAME <u>William Oppenlander</u>		13b. MOTHER'S MAIDEN NAME <u>Beulah Oppenlander</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWI</u>		17. INFORMANT <u>Beulah Oppenlander</u>	
12. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho-pneumonia</u> DUE TO (b) <u>Pulmonary fibrosis & Emphysema</u> DUE TO (c) <u>7-10 yrs.</u>		11. BIRTHPLACE (City and state or country) <u>Clay Center, Kans.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio & atherosclerotic heart disease 5-7 yrs.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:30 p.</u> Month, Day, Year <u>1-13-63</u>		20f. CITY, TOWN, OR LOCATION <u>Plattsburg, Mo.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>May 1953</u> to <u>1-14-63</u> and last saw him alive on <u>1-13-63</u> Death occurred at <u>1:30 p.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>1-15-63</u>	
22a. SIGNATURE <u>John P. Mahrey, M.D.</u>		22b. ADDRESS <u>Plattsburg, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-15-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Removal</u>		23d. LOCATION (City, town, or county) <u>Long Beach, California</u>	
24. FUNERAL DIRECTOR <u>Clarence E. Hixson - Gower, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 17, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>			

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 11/15/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence E. Hipson

Licensed Embalmer No. 5122

P. O. Address Shiner, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.